FILING DATE SERIAL NO. APPLICANT(S) **CLAIMS ONLY CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. ¥ l TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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